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Beacon Light: January 1972

St. Cloud Hospital

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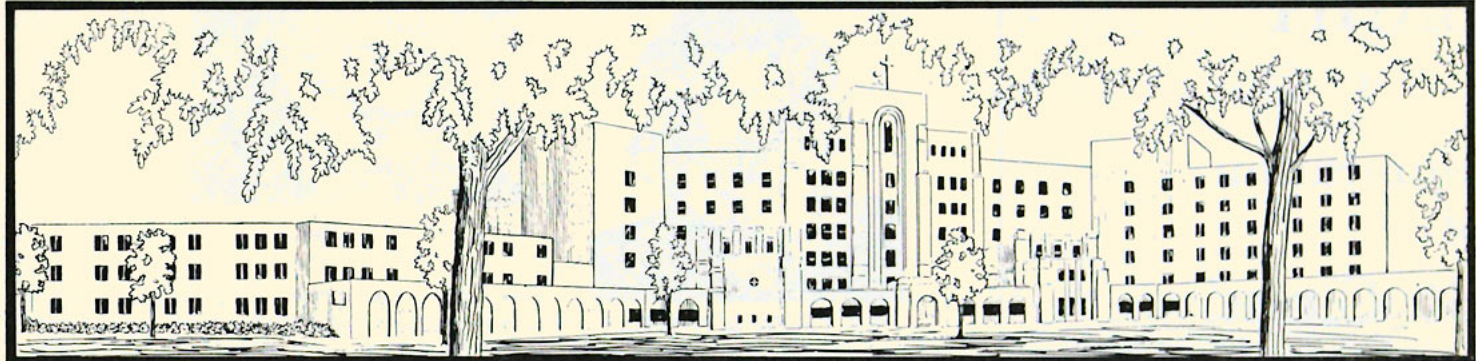
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Beacon Light



Volume XXI Number 5

St. Cloud Hospital

January, 1972



THE BEACON LIGHT

a
publication
of
St. Cloud
Hospital

editor
sam wenstrom

staff
al blommer
perina burke
agnes claudé
sister colleen
cissi hansen
marie hoppert
joanne keck
beatrice knuesel
tom mclaughlin
esther merkling
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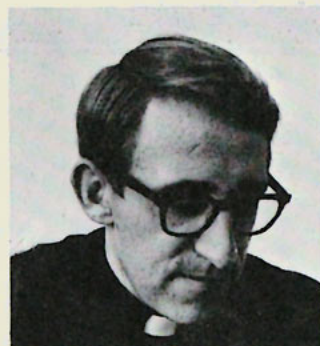
Comment on the Cover...

MINNESOTA HIGHWAY DEPARTMENT CREWS HAVE COMPLETED THE ERECTION OF THE LARGE, BLUE "HOSPITAL" SIGNS ON THE MAJOR THOROUGHFARES IN THE ST. CLOUD AREA, DIRECTING THOSE WITH EMERGENCY CARE NEEDS TO THE ST. CLOUD HOSPITAL. THE COVER PHOTO SHOWS THE MEN AT WORK ON A SIGN ON HIGHWAY 152, NORTH OF SAUK RAPIDS. IN ADDITION, SCH

HAS PROVIDED SIGNS FOR OFF-HIGHWAY LOCATIONS IN THE DOWNTOWN AND RESIDENTIAL AREAS, DIRECTING EMERGENCY TRAFFIC TO THE HOSPITAL. OUR THANKS TO THE HIGHWAY DEPARTMENT, CITY POLICE DEPARTMENT, AND THE CITY ENGINEER FOR THEIR ASSISTANCE IN SIGN LOCATIONS.

Chaplain's Corner

BY FATHER ALFRED STANGL



FATHER STANGL

JANUARY'S THAWING THOUGHTS

IT'S COLD OUTSIDE

BITING WINDS

BLOWING SNOW

BLUE NOSES AND FACES OF PEOPLE

WHITE SMOKE FROM CHIMNEYS

FROSTED WINDOWS

THERMOMETER SAYING 26 BELOW

CHRISTMAS IS OVER

WINTER IS HERE

LONG DARK NIGHTS

BILLS AND TAXES

A TIME FOR VACATION

BUT WAIT --

A WIND FROM THE SOUTH

IT GETS WARMER

ABOVE ZERO -- A THAW

WE REJOICE

SOON EVEN SPRING

A LESSON --

ENJOY THESE DAYS

SEE BEAUTY ABOUT

BREATHE THE COLD AIR

AND LOOK IT'S FEBRUARY



GENE BAKKE

IT WAS A DISAPPOINTING AND DISTURBING EXPERIENCE WHEN THE ST. CLOUD CITY COUNCIL SUMMARILY REJECTED THE APPLICATION OF ST. CLOUD HOSPITAL, AND THE SUPPORTING RECOMMENDATION OF THE CITY PLANNING COMMISSION, TO REZONE HOSPITAL PROPERTY TO CONFORM WITH THE PRESENT ZONING ORDINANCE. AS DISTURBING AS THEIR RECENT ACTION IS THE FACT THAT THE REJECTION WAS ACCOMPLISHED BY LESS THAN HALF OF THE MEMBERSHIP OF THE COUNCIL.

SOME HIGHLY SIGNIFICANT AND FAR-REACHING ISSUES ARE INVOLVED IN THE QUESTION OF PROPER ZONING OF HOSPITAL PROPERTY. PRINCIPAL AMONG THEM ARE:

*WHO SHALL HAVE THE RESPONSIBILITY AND ACCOUNTABILITY FOR PLANNING TO MEET THE PRESENT AND FUTURE HEALTH NEEDS OF THE PEOPLE OF ST. CLOUD AND SURROUNDING AREA?

*WHEN DOES THE GENERAL GOOD OF THE TOTAL HUMAN COMMUNITY IN TERMS OF ITS HEALTH CARE TAKE PRECEDENCE OVER THE OBJECTIONS OF A FEW ADJACENT PROPERTY OWNERS?

IN DISCUSSING THE FIRST QUESTION WITH THE CITY PLANNING COMMISSION, IT WAS POINTED OUT THAT HOSPITALS ARE BEING INCREASINGLY PRESSURED BY ACCREDITING BODIES AND REGULATORY AGENCIES TO DO LONG RANGE PLANNING IN ORDER TO ELIMINATE DUPLICATION AND WASTE OF BUILDINGS, EQUIPMENT, AND PERSONNEL. FROM THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE THROUGH THE MEDICARE AND MEDICAID PROGRAMS, DOWN TO THE MINNESOTA STATE DEPARTMENT OF HEALTH, THE MINNESOTA STATE HEALTH PLANNING AGENCY AND THE AREA CENTRAL MINNESOTA HEALTH PLANNING COUNCIL, HOSPITALS ARE BEING REQUIRED TO PLAN, NOT JUST WITHIN THEIR OWN FACILITY, BUT IN CONJUNCTION WITH OTHER HEALTH AGENCIES, GROUPS AND INSTITUTIONS IN THE LOCAL COMMUNITY AND IN THE AREA. FEDERAL REGULATIONS AND STATE LAWS REQUIRE THAT THOSE PLANS GO THROUGH A LONG AND DETAILED PROCESS OF APPROVAL BEFORE THEY CAN BE CARRIED OUT.

THE ST. CLOUD CITY PLANNING COMMISSION, UNDERSTANDING THAT HEALTH PLANNING ALREADY MUST RUN THE GAMUT OF APPROVAL AT SEVERAL JURISDICTIONAL LEVELS, DETERMINED THAT IT WOULD NOT BE PROPER FOR THEM TO INITIATE PLANNING TO MEET THE HEALTH NEEDS OF THE PEOPLE OF ST. CLOUD. RATHER,

THEY WOULD LOOK TO ST. CLOUD HOSPITAL AS A MAJOR HEALTH FACILITY IN THE COMMUNITY, WORKING WITH OTHER RELATED PROFESSIONAL GROUPS, TO DEVELOP FUTURE PLANS TO MEET THE PEOPLE'S HEALTH NEEDS.

AND, OF COURSE, THERE IS NOTHING STARTLING OR NEW IN THIS APPROACH. A MASTER PLAN FOR THE DEVELOPMENT OF ST. CLOUD HOSPITAL, PREPARED IN 1964, AND NOW IN THE FINAL PHASES OF IMPLEMENTATION HAS PROVIDED THE PEOPLE WITH HEALTH SERVICES AND FACILITIES RARELY FOUND IN A COMMUNITY OR AREA OF ITS POPULATION SIZE. THAT A GOOD JOB OF PLANNING HAS BEEN DONE IN THE PAST IS PRETTY WELL ADMITTED BY ALL.

IN TERMS OF THE SECOND QUESTION DEALING WITH THE GENERAL PUBLIC INTEREST, IT MUST BE REMEMBERED THAT THE HOSPITAL WAS ORIGINALLY SURROUNDED BY OPEN FIELDS AND, AS A MATTER OF FACT, WAS SEVERELY CRITICIZED FOR BUILDING "OUT IN THE COUNTRY." THOSE WHO NOW SURROUND IT ARE LOCATED THERE BY CHOICE, SOME EVEN WITHIN RECENT MONTHS. THE QUESTION IS WHETHER THEIR INTERESTS SHOULD THWART AN EFFECTIVE RESPONSE TO THE NEED FOR HEALTH CARE SERVICES AND FACILITIES FOR THE PEOPLE OF ST. CLOUD AND SURROUNDING AREA.

IF THE HOSPITAL HAD THE RIGHT OF EMINENT DOMAIN, AS GOVERNMENTAL AGENCIES DO, PLANNING WOULD BE MUCH EASIER. IT WOULD BE A SIMPLE MATTER OF DEVELOPING A PLAN, ACQUIRING PROPERTY BY CONDEMNATION AND MOVING AHEAD. ON THE CONTRARY, THE HOSPITAL MUST ACQUIRE PROPERTY WHEN AND IF IT CAN, AT WHATEVER PRICE CAN BE NEGOTIATED, AND TRY TO FIT THE PLAN ACCORDINGLY.

MOST PEOPLE ARE AWARE THAT VIGOROUS AND DETERMINED EFFORTS ARE CONSTANTLY BEING MADE TO LURE NEW BUSINESS AND INDUSTRY TO ST. CLOUD TO CREATE NEW JOBS AND OTHERWISE GENERATE A HEALTHIER ECONOMY - AND IN THESE EFFORTS THE HOSPITAL AND MANY OF ITS PERSONNEL HAVE LENT STRONG, ACTIVE SUPPORT. IT SEEMS ALMOST INCONGRUOUS THAT, ON THE OTHER HAND, THE HOSPITAL IS BEING SINGLED OUT FOR AN OPPOSITE RESPONSE - AN ATTEMPT TO LIMIT AND CIRCUMSCRIBE ITS EFFORTS TO DO WHAT IT, AS A MATTER OF FACT, IS BEING REQUIRED TO DO BY OTHER GOVERNMENTAL AGENCIES AND ACCREDITING BODIES.

IT IS, AT THE VERY LEAST, A CONFUSING, PERPLEXING AND FRUSTRATING SITUATION - ONE THAT OUGHT TO BE SPEEDILY RESOLVED IN THE BEST INTERESTS OF THE PUBLIC.

5 Get Halenbeck Scholarships

Five juniors in the St. Cloud School of Nursing have been selected as recipients of the Grace Weiss Halenbeck Scholarships for 1972.

Chosen on the basis of evidence of professional potential and financial need were Suzanne Czeck, Little Falls; Warren Danger, Big Lake; Vivian Dombrovski, St. Cloud;

Judy Faber, Melrose; and Maureen Schommer, Hastings.

The winners were named during the holiday buffet for students December 16. Dr. Phil Halenbeck, who provides the \$200 scholarships, made the presentations.

The scholarships were named for Dr. Halenbeck's late wife.



SUZANNE CZECH



WARREN DANGER



VIVIAN DOMBROVSKI



JUDY FABER



MAUREEN SCHOMMER

Physicians Begin E. R. Service Final Construction Bids

A new Emergency Room physician service will be provided at the St. Cloud Hospital beginning this month, according to Dr. Joseph Belshe, Chief of the Emergency Room-Outpatient Department at the hospital.

The program will provide for a doctor to be present in the Emergency Room from 3:00 p.m. to 7:00 a.m. Monday - Friday, and around the clock on weekends.

"This project," stated Dr. Belshe, "is designed to provide for rapid handling of the medical problems of the patient with a true emergency. This service is not intended to replace the physician that the patient usually would expect to have treat him, but rather care for those cases where their physician is not available."

Dr. Belshe indicated area persons should continue to call their family physician when medical emergencies arise, or report to the Hospital Emergency Room and ask the nursing personnel to contact him.

Doctors associated with the new program are members of a new corporation, the Central Minnesota Medical Services, Ltd., and will provide the service under contract with the St. Cloud Hospital.

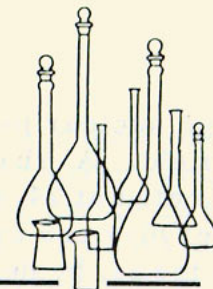
The St. Cloud Hospital telephone extension for the new medical service is #378.

Work on the final phase of the construction-renovation program at the St. Cloud Hospital will begin in February, following the award of bids by the hospital's Board of Trustees Thursday. The General Contractor will be Lund-Martin Construction Company, Minneapolis. Mechanical work was awarded to El-Jay Plumbing and Heating Company, St. Cloud. The electrical contractor will be Cold Spring Electric Company, Cold Spring.

Total cost will be \$2,256,989, and work will be completed by September, 1974. The project will add equipment rooms and a receiving dock on the east side between the original building and the smokestack, expand and renovate the Dietary Department on the ground level, and provide more space for Medical Records, Doctor's Lounge, Data Processing and a Coffee Shop-Gift Shop on the first floor. In front of the building, a canopy will be constructed from the patient entrance of the Southwest Wing, past the main lobby door to the Northwest Wing entrance, providing a cover for those coming to and leaving the hospital.

Total cost of the building program, begun in 1966, is just over \$12,000,000.

Medical Memo



ON THE NATIONAL FOUNDATION
BY S. D. SOMMERS, M.D.

THE NATIONAL FOUNDATION - MARCH OF DIMES, THOUGH BY DEFINITION AN "OLD" ORGANIZATION, (ESTABLISHED IN 1939), STILL IS PROBABLY NOT CLEARLY UNDERSTOOD BY MANY PEOPLE. THE FOUNDATION WAS ESTABLISHED TO FIGHT POLIO, ESTABLISHED SPECIAL TREATMENT CENTERS, REHABILITATION CENTERS, PROVIDE IRON LUNGS AND CONTINUE RESEARCH INTO POLIO. WHEN THE SALK AND THEN THE SABIN VACCINES WERE DEVELOPED THE ORGANIZATION TURNED TO AN EVEN GREATER AND MORE DIVERSE ENEMY OF MAN - BIRTH DEFECTS. BIRTH DEFECTS ARE DEFINED AS STRUCTURED OR METABOLIC DISORDERS PRESENT AT BIRTH, WHETHER GENETICALLY DETERMINED OR A RESULT OF ENVIRONMENTAL INTERFERENCE DURING EMBRYONIC OR FETAL LIFE. TO ILLUSTRATE THE ENORMITY OF THE PROBLEM, 250,000 ARE BORN ANNUALLY WITH DEFECTS, 60,000 CHILDREN AND ADULTS DIE EACH YEAR AS A RESULT OF BIRTH DEFECTS AND ANOTHER ONE-HALF MILLION DIE DUE TO STILLBIRTH, MISCARRIAGE OR SPONTANEOUS ABORTION. 3 PERCENT TO 8 PERCENT OF BABIES BORN HAVE A BIRTH DEFECT. TRANSLATED IN TERMS OF THE ST. CLOUD HOSPITAL ALONE, THIS MEANS 60 - 120 BABIES ARE BORN ANNUALLY WITH BIRTH DEFECTS.

THE TYPES OF BIRTH DEFECTS ARE NUMEROUS. SOME ARE OBVIOUS AT BIRTH: HARE LIP, CLEFT PALATE, MENINGOMYELOCELE, CLUB FOOT. OTHERS ARE MORE SUBTLE AND MAY NOT BECOME EVIDENT FOR MONTHS OR

YEARS: DIABETES, MENTAL RETARDATION, READING DISABILITY, CEREBRAL PALSY. THE CAUSES OF BIRTH DEFECTS ARE JUST AS NUMEROUS.

HOW CAN THE NATIONAL FOUNDATION ATTACK SUCH A DIVERSE PROBLEM? BY THE ESTABLISHMENT OF BIRTH DEFECT CENTERS ACROSS THE COUNTRY. CURRENTLY THERE ARE OVER 100 SUCH CENTERS RECEIVING FINANCIAL ASSISTANCE FROM THE MARCH OF DIMES. SOME OF THE CENTERS ARE DESIGNED FOR RESEARCH INTO THE CAUSE OF THESE PROBLEMS, SOME ARE FOR EVALUATION OF CHILDREN WITH BIRTH DEFECTS, AND SOME ARE TREATMENT CENTERS. THE UNIVERSITY HAS A LARGE RESEARCH GRANT UNDER THE DIRECTION OF DR. ROBERT GOODE WHICH RECENTLY MADE BONE MARROW TRANSPLANT A REALITY. THE UNIVERSITY ALSO HAS A RECENTLY ESTABLISHED DIAGNOSTIC CENTER FINANCED BY THE NATIONAL FOUNDATION.

WHAT HAS ALREADY BEEN ACCOMPLISHED IN BIRTH DEFECTS IS A STORY ALL ITS OWN -- SCREENING TESTS FOR MANY METABOLIC DISEASES SUCH AS PKU AND GALACTOSEMIA, RH GAMMA GLOBULIN FOR POTENTIALLY SENSITIZED RH NEGATIVE MOTHERS, WHAT DRUGS CAN DO TO UNBORN BABIES, THE MEASLES, MUMPS AND RUBELLA VACCINES -- THE LIST GOES ON. WHAT WE ARE GOING TO SEE IN GENETICS MAKES OUR OLD GENETICS BOOK LOOK LIKE A FIRST GRADE PRIMER.

ALL OF THIS IS JUST THE BEGINNING.

Our Record of Service

	ADMISSIONS	BIRTHS	OPERATIONS	X-RAYS	LAB. TESTS	EMERGENCY OUTPT. VISITS
DECEMBER 1971	1,225	138	537	3,602	20,194	598
12 MO. ENDING DEC. 31, 1971	16,040	1,788	6,357	45,089	251,488	7,790

Nuclear Medicine In SCH

By Barry Radin, Registered Technologist

Twenty years ago nuclear medicine was an almost-unknown field. A phenomenal growth rate (now estimated at 24-40% annually) has put it into everyday use by the physician. Nuclear medicine is, by definition, the use of radioactive materials in the diagnosis and treatment of diseases.

At St. Cloud Hospital, the procedures in this field are divided into two distinctly separate, yet related, divisions: scanning and laboratory testing.

Radio-isotope scanning equipment is located in Radiology and is under the direction of our radiologists. Scanning procedures demonstrate increased or decreased concentration of radioactive isotopes in specific body organs, in such fashion that tumors or other types of tissue or vascular abnormalities can be seen. The organ then emits radioactivity from within (as contrasted with the X-ray in which the radiation originates outside the body in an X-ray tube).

The radioisotope Technetium 99M, a short-lived radioisotope is one of the more commonly used radiopharmaceuticals. One of its many uses is in liver scans. When in-

jected in a colloidal form it is taken up specifically by the liver. A relatively complex system of equipment actually scans the area of interest by moving back and forth across it while recording the areas of radioactivity on a large piece of film. Abnormalities are recorded on the film as changes in the amount of radioactivity, and are interpreted by the radiologist.

Organs which are currently visualized (notice I do not use the term "X-rayed") by this method are brain, liver, lungs, spleen, thyroid, and bone. As in many radiographic procedures, there must be, unfortunately, a minimal sized area of disease process before it can be demonstrated; however, improved equipment is increasing the ability of these procedures to reveal smaller areas of disease.

In the scanning lab a Molybdenum "cow" or generator is "milked" of its short-lived breakdown product, Technetium, to prepare it for administration to the patient. All radioactive materials must be handled and administered properly, and they are stored in a heavily shielded room under lock and key to protect others from unnecessary exposure. I should mention now, to alleviate fears, that

the amount of radiation received from a scan is much less than is received from an X-ray of a comparable area.

Laboratory testing covers those procedures which do not necessitate the visualization of an organ. These procedures are performed in the Radioisotope Lab, located within the Clinical Laboratory. This section is under the direction of the pathologists.

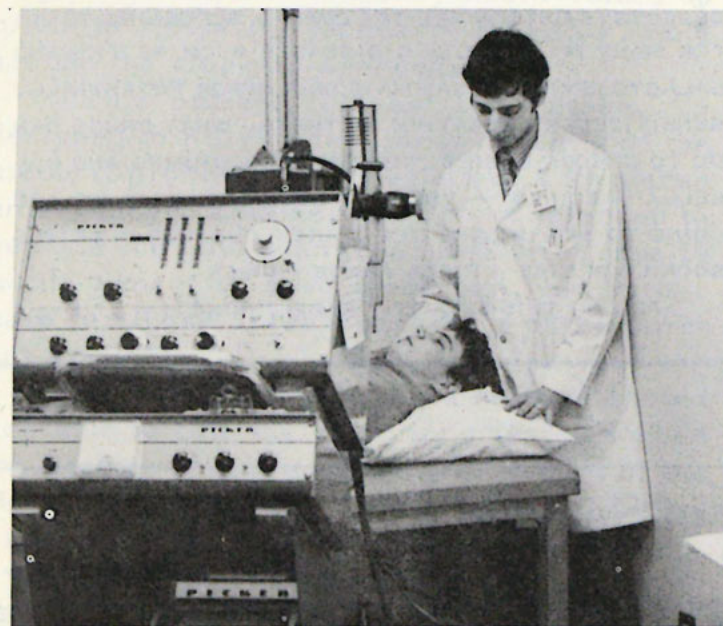
There are two categories of tests performed here: in vivo and in vitro. In vivo tests are those which are done on the patient, necessitating direct administration of radioactive material. The most commonly performed test in this category is the thyroid uptake. A small quantity of radioactive iodine, in a form similar to iodized salt, is administered in a glass of water, and the percentage of this which is used by the thyroid gland is carefully measured with a sensitive radiation detector. This is very helpful in the diagnosis of hyperthyroidism and hypothyroidism. Other in vivo tests include the Schilling test for pernicious anemia, a test for blood volume, and a test for the life span of red cells.

The in vitro studies are performed on a specimen of the patient's blood, obviating the administration of isotopes to the patient. Examples of this type of test are the T-3 and T-4 tests for thyroid function.

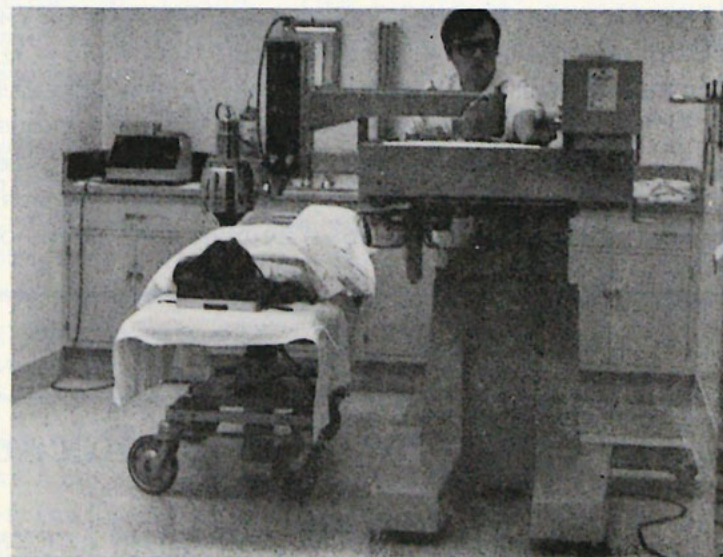
In addition to diagnostic studies, "thyroid therapies" are handled by this department. In certain carefully selected patients this therapy can be used in place of surgery for certain thyroid diseases. For the past decade, the radioisotope iodine has been used almost exclusively for treatment of hyperthyroidism in certain institutions. Under the

direction of a physician licensed in the use of radioactive pharmaceuticals, a large dose of radioactive iodine is taken by the patient, usually as two or three capsules. This localizes in the thyroid gland, almost exclusively, and there it emits radiation to destroy a portion of the gland. Thus, the patient does not have to undergo surgery.

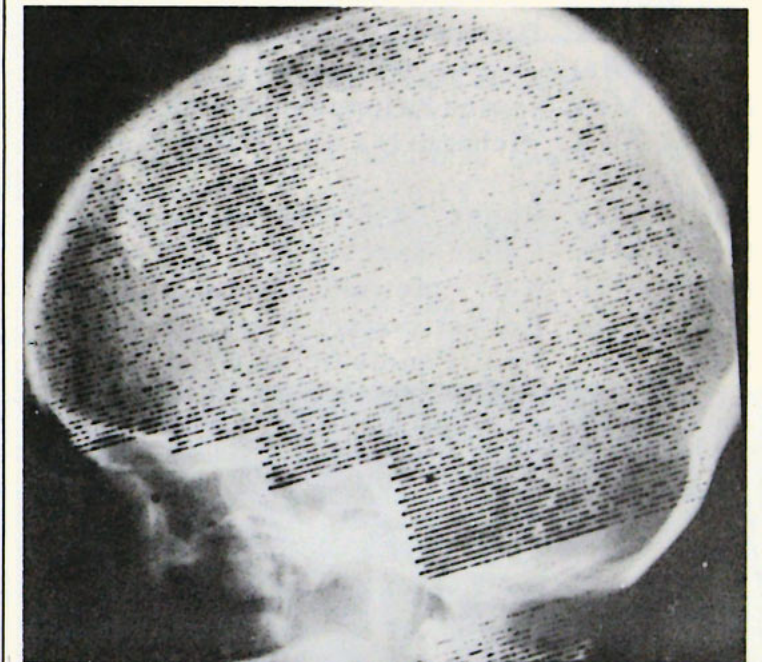
Because nuclear medicine is a relatively new field, St. Cloud Hospital is the only hospital in the area with nuclear medical facilities. The departments of Radiology and Laboratory, working side by side, are able to provide a wide array of radioisotope procedures for our physicians and the physicians from the surrounding communities.



BARRY RADIN, A REGISTERED NUCLEAR MEDICINE TECHNOLOGIST, IS PICTURED WITH THE SCINTILLATION DETECTOR, WHICH MEASURES RADIOACTIVITY IN A THYROID UPTAKE TEST. CHARLES MCGRAW, JUNIOR AT ST. JOHN'S UNIVERSITY, POSED AS THE PATIENT. THE ROOM IS LOCATED IN THE LABORATORY.



THIS RADIOISOTOPE SCANNING ROOM IS LOCATED IN THE X-RAY DEPARTMENT. HERE PATIENTS RECEIVE ISOTOPES AND THE MACHINE RECORDS CONCENTRATION OF THE RADIOACTIVE MATERIALS IN THE BODY. (SEE EXAMPLE.) X-RAY TECHNOLOGIST DAN BOOM DEMONSTRATED THE EQUIPMENT.



THIS EXAMPLE OF A BRAIN SCAN, SUPERIMPOSED OVER AN X-RAY OF THE SKULL, SHOWS WHAT THE MACHINE PRODUCES FOR INTERPRETATION BY RADIOLOGISTS. THE DARK SPOTS INDICATE PRESENCE OF RADIOACTIVE MATERIALS. TUMORS CAN OFTEN BE DETECTED USING THIS TECHNIQUE.



BARRY RADIN

About the Author...

One of only 200 Registered Nuclear Medical Technologists in the United States, Barry is a graduate of St. Cloud State College, and has been a member of the St. Cloud Hospital Laboratory staff since 1967. He attended the Oak Ridge Associated University, Oak Ridge, Tennessee, in 1969, to complete his nuclear registry work.

NEWS

Visitor Age Lowered To 12

The minimum age of visitors able to see patients in SCH has been lowered from 16 to 12, effective this month.

The Patient Care Committee first considered the idea, which was approved by the Executive Committee of the Medical Staff and the Administrative Council.

There is no state law governing age limits. Each hospital sets its own rules.

SCH Family Babies...

Staff members having babies during the past month include:

- Mr. & Mrs. Lowell Long (Helen Hubbell)
- Mr. & Mrs. David Neeser (Carol Barthelemy)
- Mr. & Mrs. Thomas George (Janice Henke-Meyer)
- Mr. & Mrs. Daniel Massman (Marjorie Knettel)
- Mr. & Mrs. James Krippner (Sandra Morgal)
- Mr. & Mrs. Richard Haeg (Eileen Leidenfrost)
- Mr. & Mrs. Roger Torkelson (Diane Pick)
- Mr. & Mrs. Tanes Barclay (Renea Wendorf)
- Mr. & Mrs. Neil Zniewski (Donna Maas)
- Mr. & Mrs. Robert Bogart (Patricia Reger)
- Mr. & Mrs. Paul Feneis (Rose Grundhoefer)



40 & 8 SCHOLARSHIP - MARY HINSEY, ST. CLOUD, A JUNIOR AT THE ST. CLOUD SCHOOL OF NURSING, WAS SELECTED TO RECEIVE A \$100 CHECK FROM VOITURE 415 OF THE 40 & 8. THE PRESENTATION WAS MADE BY AL SEANER, LEFT, ALTERNATE NATIONAL CHEMIST, AND GEORGE WOERNER, MINNESOTA GRAND CHEF DE GARE. THIS IS PART OF THE CONTINUING PROGRAM BY THE 40 & 8 TO ASSIST NURSING STUDENTS AT THE SCH SCHOOL. Page 8



STUDENTS IN THE FOUR-YEAR NURSING PROGRAM AT THE COLLEGE OF ST. BENEDICT (CSB) WILL BE AT SCH IN FEBRUARY FOR THEIR FIRST CLINICAL TRAINING, AND THEIR INSTRUCTORS ATTENDED AN ORIENTATION PROGRAM IN DECEMBER, CONDUCTED BY THE INSERVICE EDUCATION DEPARTMENT. PICTURED, LEFT TO RIGHT, ARE MRS. DOROTHY JOHNSON, ASSISTANT PROFESSOR; AND SR. MARY GERALD MAIERS, O.S.B., INSTRUCTOR; MRS. DOROTHY BRAY, ASSISTANT PROFESSOR; AND MISS EILEEN HOFBAUER, ASSOCIATE PROFESSOR. STANDING IS MRS. CAROLYN ANDREWS OF INSERVICE

Major Anniversaries Listed

The Employment Department has listed those SCH employees who have had major anniversaries between September 1 and December 31.

Sister Amarita, Business Office, observed 30 years here.

Others were Rita Eich and Mary Schik, 25 years; Shirley Ley, Sarah Marek, Mary Eller, Joseph Schneider, Merwina Theisen and Sister Mary Schneider, 20 years; Sister Eloise, Agnes Schoumaker, Catherine Renn, Art Hoffarth and Gwendolyn Gratke, 15 years; and passing the 10 year mark were Pauline Neirenhausen, Betty Reller, Marjorie Coyle, Sister Mary Zenzen, Anna Mae Leadem and Chris Hilsgen.

Fruit Cake Sale Ends

The St. Cloud Hospital Auxiliary sold 2,711 pounds of fruitcakes during the Thanksgiving-Christmas holidays, under the leadership of co-chairman Mrs. Marlene Gambrino and Mrs. Pat Owen.

Proceeds from the sale will go toward furnishing the new coffee-gift shop to be located on the first floor, where Medical Records has been. That facility is part of the construction project which starts this month.

The Beacon Light

Eight Receive Promotions

Juletta Gerads, Housekeeping Aide, promoted to Supervisor Trainee.

Barbara Schiller, Tray Aide, promoted to Dishroom Aide.

Kenneth Kuebelbeck, Chief Histology Technician, promoted to Cyto Screener and Chief Histology Technician.

Jeanette Pendergast, Nurse Aide on 3 North, promoted to Transcriber Trainee.

Colleen Grapentine, Transcriber Trainee on 6 North, promoted to Transcriber.

Kay Derr, Clerk Typist in X-Ray, promoted to Dark Room Technician.

Kathleen Daigle, Staff Nurse in Nursing Service, promoted to Team Leader.

Karen Weiler, Transcriber Trainee on 2 North, promoted to Transcriber.

Two on Staff Married

Barbara Hay, Staff Nurse in Surgery, married Roger Philipsek on December 11, 1971.

Linda Fischer, Recreational Therapy, married Roger Webster on December 9, 1971.



TWO NORTH WINS - THE TRAVELING TROPHY FOR THE BEST DECORATED NURSING UNIT WENT TO 2 NORTH THIS YEAR, WHOSE OVERALL THEME WAS "A CHRISTMAS GALLERY." LEFT TO RIGHT ARE VIRGINIA ZENNER, NURSING DIRECTOR CONNIE MOLINE WHO MADE THE PRESENTATION, HEAD NURSE CAROL BORMAN, MARGUERITE ERICKSON AND JEAN HALEY. HONORABLE MENTION WAS WON BY 5 SOUTH AND ICU. St. Cloud Hospital

NEWS



LINDA ZIRBES, RIGHT, STUDENT IN X-RAY, IS GREETED BY EXECUTIVE VICE PRESIDENT GENE BAKKE WHO HANDED OUT 1,500 CHRISTMAS BOXES OF CHEESE JUST BEFORE THE HOLIDAYS. THE GIFTS, FROM THE HOSPITAL, WENT TO PERSONNEL, STUDENTS, PHYSICIANS, AND VOLUNTEERS. ALSO INCLUDED WERE A CHRISTMAS CARD, AND SCH BALLPOINT.

Gifts To Remembrance Fund

Mr. and Mrs. Arthur Habstritt, Miss Barbara Strack and Mr. and Mrs. Earl Mueller, made donations to the St. Cloud Hospital Auxiliary Remembrance Fund during the past month.

Proceeds from this program, donations to which may be made in the main lobby, go to the new gift shop-coffee shop.

23 Candy Stripers Capped

Twenty-three Candy Stripers received their first awards, a pink and white striped cap, January 19, during "capping" ceremonies in Hoppe Auditorium. The caps in recognition of the junior volunteers' first 50 hours of service.

Sam Wenstrom, Director of Public Relations, addressed the group and expressed appreciation for the hours donated by the girls. Sr. Rita, Admissions, presented the caps.

Candy Stripers receiving the caps were Paula Andersen, Theresa Bares, Betty Danzl, Johanna DeZurik, Debbie Duhn, Janet Golembek, Marilyn Gould, Patricia Herges, Sandy Ireland, Julie Jensen, Jullen LaVigne, Leah Landwehr, Lynn Medeck, Rosanne Mueller, Debra Pallies, Lynn Pehrson, Mary Lou Plate, Kari Smith, Vicki Van Beek, Joan Warnert, Lee Wolfram, Mary Kuffel and Lori Hary.

Guess who this is...



OH, IT WAS TOO EASY. WE HAD MORE ENTRIES THAN EVER BEFORE, AND MORE OF THEM WERE CORRECT THAN EVER BEFORE, GUESSING CAROL BOECKERS OF HOUSE-KEEPING AS THE "WHO'S THIS" PHOTO IN DECEMBER. GEORGE PALLANSCH, PORTER IN DIETARY, IS THE WINNER OF THE LUNCHEON TICKET. SO, THIS MONTH, LET'S MAKE IT SLIGHTLY TOUGHER. THIS IS A PHOTO OF A PERSON, THEN AGE 7, WHO HAS BEEN EMPLOYED HERE 12 YEARS, HAS WORKED IN THREE DIFFERENT DEPARTMENTS, AND IS NOW IN MANAGEMENT. IF HE COULD BECOME ANYTHING HE WISHED, HE WOULD BE A PROFESSIONAL MUSICIAN. HIS FAVORITE OUTDOOR ACTIVITY IS ICESKATING. SUBMIT YOUR GUESS, ALONG WITH YOUR NAME AND DEPARTMENT, TO THE PUBLIC RELATIONS OFFICE BY JANUARY 31. ALL CORRECT GUESSES WILL BE PLACED IN A HOPPER AND THE WINNER DRAWN.



FIRST OF NEW YEAR — MRS. GENE BLACK, SARTELL, POSED WITH SON, BRETT, NEW YEAR'S DAY. BRETT WAS BORN AT 3:22 A.M., THE FIRST BABY OF 1972 HERE. DURING 1971, A TOTAL OF 1,789 BABIES ARRIVED IN THE SCH NURSERY.

From Our Kitchen...

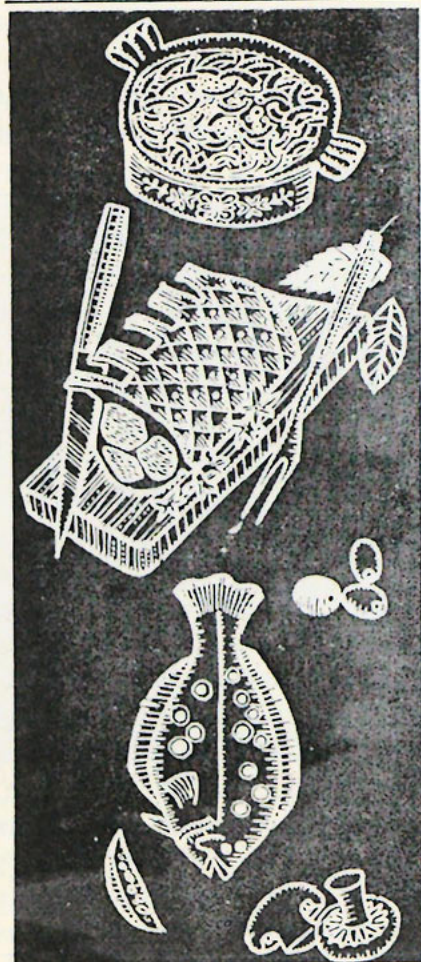
Featured recipes in recent months have tended toward the desserts, with many of them high in calories. Below, just as a change of pace, is an idea for a delicious Bean Salad, often part of the patient and personnel menu because people love it. The recipe provided will make 12 servings.

From The St. Cloud Hospital Kitchens BEAN SALAD

- | | |
|----------------------------------|------------------------------|
| 1 #2 CAN GREEN BEANS, FRENCH CUT | 3 TBSP. ONIONS, CHOPPED FINE |
| 1 #2 CAN KIDNEY BEANS | 2/3 CUP VINEGAR |
| 1 #2 CAN WAX BEANS | 1/2 CUP SUGAR |
| 1/8 TSP. GARLIC POWDER | 3 TBSP. COOKING OIL |
| SALT AND PEPPER TO TASTE | |

1. DRAIN ALL VEGETABLES
2. MIX TOGETHER VINEGAR, SUGAR AND OIL.
3. ADD GARLIC POWDER, ONION, AND SEASONINGS TO VEGETABLES.
4. POUR DRESSING OVER VEGETABLES AND LET STAND 24 HOURS.
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Gleanings

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Describe state Hill-Burton shortcomings

One of the most serious problems that hospital administrators have had to face in California has been "the shortcomings of the Hill-Burton Hospital Construction Act," Sen. John V. Tunney (D-Calif.) told 1,200 persons attending the California Hospital Association's annual convention in late October.

The success of the Hill-Burton program depends to a large extent on the provision of state funds, Senator Tunney said. In 1969 and 1970 California provided no Hill-Burton money, and institutions had to meet two-thirds of construction costs themselves, he said. "Needless to say, the number of facilities being built has dropped off markedly," the senator said.

Lax attitudes criticized

"Both the federal and the state governments have been entirely too lax in their attitudes toward hospital construction," Senator Tunney said. He said that California Gov. Ronald Reagan "would be well advised to look elsewhere when he is trying to pare the budget.

"One of the few bright spots in the picture has been the ability of private, investor-owned hospitals to somewhat fill the gap and provide facilities and care in areas where there otherwise would have been none," Senator Tunney said. However, he said that "because of their small size, the facilities are limited and they tend to specialize in particular health problems demanding acute inpatient care, leaving the bulk of patients and difficult illnesses to the public hospitals."

Senator Tunney predicted that Congress would enact some form of national health insurance within three years. He said that a national health insurance program must change radically the health care delivery system by encouraging group practice, by making prepaid medical care available to everyone, and by requiring better use of computers, multiphasic screening, and health manpower.

James A. Vohs, executive vice

president of the Kaiser Foundation Health Plan, discussed health maintenance organizations (HMOs) as viewed by a group practice prepayment plan.

Conversion difficulty predicted

Mr. Vohs said that HMOs probably will encounter difficulty converting many fee-for-service providers to organized systems of care. "It is unreasonable to expect a significant number of successful fee-for-service providers to shift readily from their present, rewarding forms of practice to organized systems," he said.

Health care officials should not expect HMOs to solve the problems of inflation of medical care costs and of inadequate delivery, Mr. Vohs said. "There is no assurance that HMOs can attract members and sustain growth, especially in the short term, nor is there any assurance that HMOs can resolve the problems of maldistribution of health care services in underprivileged or rural areas," he said.

Furthermore, the HMO concept, as envisaged by its proponents, may not survive legislative and administrative processes, Mr. Vohs said.

Reagan signs bill to aid private medical schools

A bill authorizing California to subsidize private medical schools to help cope with the growing shortage of physicians and surgeons in the state was signed into law in November by Gov. Ronald Reagan.

Under the legislation, the state would be permitted to pay \$12,000 annually to private schools for each medical student added to the number currently being trained.

Senator Muskie endorses national health insurance

Sen. Edmund S. Muskie (D-Maine), a strong contender for the 1972 Democratic presidential nomination, has called for enactment of a national health insurance program that would stimulate both institutions and physicians to organize their resources more effectively while preserving the personal relationships between physicians and their patients.

The Senator said that although national health insurance may make it easier for many Americans to afford better medical care, it is not the solution to all of the nation's health problems nor is it an automatic guarantee of a healthier society.

Administrators are urged to take lead in health field

Hospital administrators must take the lead in organizing all health professionals and health agencies in order to bring high-quality medical service to the nation at a price the people can afford, the annual meeting in Salt Lake City of the Utah Hospital Association was told.

"Our professional medical knowledge is of no use to us unless we have a system to distribute it," said John E. Kralewski, M.D., director, graduate program in health administration, the University of Colorado Medical Center, Denver.

Contending that hospital administrators should organize the health services industry to bring about the distribution of medical knowledge, Dr. Kralewski urged the administrators to form their own organization.

"You have to do this so you will have power to influence other groups (of health professionals)," he said. "In turn, your self-interest will bring these groups together.

"We cannot expect people to utilize health programs until links are developed between the services to all segments of the population."



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A black and white illustration of a doctor in a white coat and glasses, using a stethoscope to examine the back of a patient. The patient is seen from the back, wearing a white shirt. The scene is set against a large, light-colored circular background. Above the illustration, the text "WHEN WAS YOUR LAST" is written in a bold, sans-serif font. Below the illustration, the text "Check-Up?" is written in a large, stylized, cursive font. At the bottom of the advertisement, the text "GUARD YOUR HEALTH!" is written in a bold, sans-serif font.

WHEN
WAS
YOUR
LAST

Check-Up?

GUARD YOUR HEALTH!